

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS63AGZ	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/03/2009
NAME OF PROVIDER OR SUPPLIER MONTHILL PALMS		STREET ADDRESS, CITY, STATE, ZIP CODE 4062 MONTHILL LAS VEGAS, NV 89121		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments This Statement of Deficiencies was generated as a result of the Complaint Investigation survey conducted at your facility on March 3, 2009. The facility is licensed as a residential facility for groups to provide care for 6 persons with Alzheimer's disease or related dementia, Category 2 Residents. The census was 3. Complaint #NV19397 was not substantiated. The following deficiencies were identified during the course of the complaint investigation survey:	Y 000		
Y 444 SS=D	449.229(9) Smoke Detectors NAC 449.229 9. Smoke detectors must be maintained in proper operating conditions at all times and must be tested monthly. The results of the tests pursuant to this subsection must be recorded and maintained at the facility. This Regulation is not met as evidenced by: Based on observation, the facility failed to ensure smoke detectors were maintained in operational condition. Findings include: On 3/3/09 in the afternoon, the smoke detector in the caregiver's bedroom was "chirping". (The "chirping" noise indicates a low battery.) Severity: 2 Scope: 1	Y 444		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 620 Y 620 SS=D	Continued From page 1 449.2702(4)(a) Admission Policy NAC 449.2702 4. Except as otherwise provided in NAC 449.275 and 449.2754, a residential facility shall not admit or allow to remain in the facility any person who: (a) Is bedfast. This Regulation is not met as evidenced by: NAC 449.2702 (6): As used in this section: (a) " Bedfast " means a condition in which a person is: (1) Incapable of changing his position in bed without the assistance of another person; or (2) Immobile. Based on interview, the facility failed to ensure 1 resident who was bedfast was not admitted and retained. Findings include: Resident #1 was admitted 6/10/08 with diagnoses including diabetes mellitus type II, hypertension, facial nerve disorder, atrial fibrillation, senile dementia, post surgical status. Resident #1 was transferred to another residential facility for groups 9/20/09. Interview On 3/3/09 in the afternoon, the primary caregiver (Employee #2) indicated the resident was not	Y 620 Y 620		

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Y 620	<p>Continued From page 2</p> <p>able to independently reposition and required turning every 2 hours. Employee #2 further indicated Resident #1 had a pressure ulcer on the buttocks, and that he was instructed by the home health nurse to turn her on her left side. Employee #2 stated, "She had a bedsore. We move her on her left side to sleep. She got a little cut on her ear, when she move her head when sleeping."</p> <p>On 3/3/09 in the afternoon, the Administrator (Employee #1) indicated via telephone that Resident #1 was not able to reposition, stating, "She came from Rehab (Rehabilitation Hospital). When she came here she cannot even move. Her body was full of all kinds of 'owies'..."</p> <p>Severity: 2 Scope: 1</p>	Y 620		

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